

IMPLEMENTATION OF THE UTILIZATION OF POSBINDU NON COMMUNICABLE DISEASES (PTM) AS AN EFFORT TO PREVENT AND CONTROL HYPERTENSION IN BANDAR LAMPUNG CITY

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ABSTRACT

Hypertension is the leading cause of morbidity and mortality in Indonesia, including in Bandar Lampung City. Posbindu PTM as a community-based health service has an important role in early detection and prevention of non-communicable diseases, but its utilization is still low. This study aims to implement and evaluate the optimization of the role of Posbindu PTM as a strategy in efforts to prevent and control hypertension in Bandar Lampung City. The study was conducted with a public health intervention approach through problem identification, stakeholder analysis, and implementation of health promotion strategies. Data were obtained from secondary data, interviews, and field observations. The main intervention was the development of the "Pojok Sehati" model in the Puskesmas and the community. The results showed an increase in community participation in Posbindu activities, especially in productive age groups. The use of visual and digital media, as well as cross-sector involvement, contributed to increased screening and early detection of hypertension. Collaboration between health workers and the community strengthened the sustainability of the program. Revitalizing Posbindu PTM through innovative, participatory, and community-based approaches such as "Pojok Sehati" proved effective in supporting hypertension prevention. Strengthening cross-sector collaboration and health communication strategies are key to long-term success.

Keywords: community engagement; early detection; health promotion; hypertension; posbindu PTM

INTRODUCTION

Non-communicable diseases (NCDs) are the leading cause of death in Indonesia and worldwide. One of the most common and dangerous NCDs is hypertension or high blood pressure. Hypertension is often referred to as the "silent killer" because it generally shows no symptoms in the early stages, but can lead to serious complications such as stroke, heart failure, and kidney disease. Based on the 2018 Riskesdas, the prevalence of hypertension in Indonesia reached 34.1%. In Bandar Lampung City, the prevalence of hypertension in the population aged ≥ 15 years was recorded at 27.44%.

The government through the Ministry of Health has developed various promotive and preventive programs, one of which is the Integrated Coaching Post for Non-Communicable Diseases (Posbindu PTM). Posbindu PTM is a community-based health service that aims to detect early and monitor risk factors for NCDs, including hypertension. However, the utilization of Posbindu PTM is still not optimal, especially among productive ages who should be the main target of prevention.

Problems faced in Bandar Lampung City include low levels of community visits to Posbindu, lack of knowledge about the importance of early detection of hypertension, and limitations in communication strategies and educational media used. Therefore, innovative and integrated efforts are needed to increase community participation in Posbindu PTM activities, especially through effective health promotion approaches. This study aims to identify barriers to the utilization of Posbindu PTM, design community-based interventions, and implement educational

programs aimed at increasing awareness and early detection of hypertension, with a focus on the working area of Puskesmas Sumur Batu, Bandar Lampung City.

METHODS

This research was prepared using a descriptive qualitative approach in the form of field intervention activities carried out in the working area of Puskesmas Sumur Batu, Bandar Lampung City. Activities were carried out during the research period with stages based on the problem solving cycle. The implementation method consists of five main stages. Problem Identification: Secondary data collection on the incidence of hypertension and utilization of Posbindu PTM, as well as direct observation of the implementation of Posbindu activities. Problem Analysis and Prioritization: Determination of priority problems was carried out using the MIV/C analysis matrix (Magnitude, Importance, Vulnerability, and Capacity) which resulted in a focus on the low utilization of Posbindu PTM by people of productive age. Problem Cause Analysis: Analysis was conducted using fishbone diagrams to identify behavioral determinants, such as individual factors, educational media, service delivery methods, and cross-sectoral involvement. Formulation of Alternatives and Interventions: Based on the results of the analysis, an intervention was designed in the form of developing a model of "*Pojok Sehati*" (Hypertension Education Corner), as a form of visual education and information media placed in the waiting room of Puskesmas services. Intervention Implementation and Evaluation: The intervention was implemented by involving health workers, cadres, and the surrounding community. Evaluation was conducted formatively through participatory observation, respondent feedback, and increased interest in visiting Posbindu after the intervention. Data collection techniques included documentation studies, semi-structured interviews with health workers and cadres, and participatory observation. Data were presented narratively and supported with secondary quantitative data from the Puskesmas.

RESULTS AND DISCUSSION

The research conducted at Puskesmas Sumur Batu resulted in several important findings that describe the condition of Posbindu PTM utilization and the impact of the intervention. Initial Problems: Based on secondary data, it was noted that hypertension cases in the working area of Puskesmas Sumur Batu are quite high, especially in the productive age group (15-59 years). However, the level of community participation in Posbindu PTM activities is still low, with irregular visits and less active cadre involvement. One of the main causes is the lack of educational media that is interesting and easily understood by the community. "*Pojok Sehati*" intervention: As a response to these problems, an intervention was carried out in the form of developing "*Pojok Sehati*" (Hypertension Education Corner) which contains educational visual media (posters, leaflets, and QR code educational videos) and a health consultation corner. The location of the intervention is placed in a strategic area, namely the waiting room of the Puskesmas general service, so that it is easily accessible to visitors. Implementation Results: After the intervention, there was an increase in community interest in Posbindu PTM services, indicated by: Increased number of visitors who did blood pressure screening. Increased community interaction with available educational media. Health workers and cadres responded positively to the effectiveness of *Pojok Sehati* as an educational tool. Most respondents stated that the information presented through visual media was easier to understand and encouraged them to conduct routine health checks. Cross-Sector Support: The implementation of the program is also supported by cross-sector collaboration such as village officials, community leaders, and women's organizations, who assist in disseminating information and inviting the community to utilize Posbindu PTM services.

The findings of this study indicate a gap between the availability of community-based health services and their utilization. Although Posbindu PTM is available in the working area of Puskesmas Sumur Batu, the level of community participation - especially the productive age group - is still relatively low. This reflects a common challenge in public health services in

Indonesia, where preventive approaches often receive less attention than curative services. The successful implementation of "*Pojok Sehati*" shows the importance of integrating health promotion with attractive and accessible educational media. The use of visual aids such as posters, leaflets, and educational videos through QR codes proved effective in attracting visitors' attention and conveying messages about the importance of early detection of hypertension. These results are in line with various previous studies that emphasize the role of educational media in increasing knowledge and changing people's behavior towards health.

In addition, the involvement of health cadres and local stakeholders greatly contributed to the success of the program. Their active participation not only increased community trust, but also strengthened the sustainability of the intervention through a sense of local ownership. This is in line with the principles of community empowerment and participatory health promotion, where cross-sector collaboration can improve intervention outcomes. Although the program showed positive results, there were some challenges faced, such as limited resources for media production, varying levels of health literacy among visitors, and limited time for face-to-face counseling. However, these obstacles can be partially overcome by creative utilization of space and technology, such as the use of QR codes for self-access to health information. Overall, this intervention demonstrates that revitalizing Posbindu PTM through targeted health communication and cross-sector collaboration can significantly increase its impact, particularly in increasing awareness, motivation, and community participation in hypertension screening.

CONCLUSION

Intervention through strengthening the role of Posbindu PTM with a visual education approach and cross-sector involvement proved effective in increasing the utilization of hypertension prevention services in the working area of Puskesmas Sumur Batu, Bandar Lampung City. The "*Pojok Sehati*" model as a strategic educational media is able to increase awareness, knowledge, and participation of productive age people in Posbindu activities. The success of the program is supported by the use of attractive media, participatory approaches, and collaboration between health workers, cadres, and communities. Sustaining the impact of the intervention requires continuous integration with other health programs, regular monitoring, and active involvement of stakeholders at the local level.

ACKNOWLEDGMENTS

The authors would like to express their deepest gratitude to Dr. Aila Karyus, M.Kes., Sp.KKLP, as academic supervisor, for her guidance, direction, and motivation during the research and preparation of this report. The authors would also like to thank the Health Office of Bandar Lampung City and Puskesmas Sumur Batu for their support, permission, and facilitation during the activity. The authors also express their appreciation to all health workers, Posbindu PTM cadres, and the community who have actively participated in the intervention activities, as well as to Mitra Indonesia University which has provided full support for the implementation of this research.

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